

March 22, 2012

Honorable House Families, Children and Seniors Committee Members,

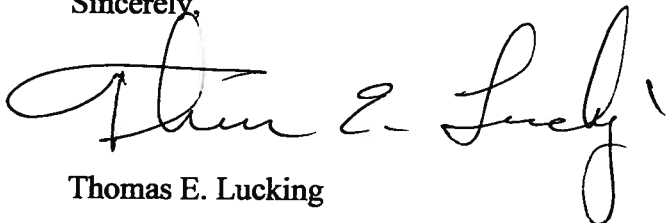
My son is one of the few in Michigan fortunate enough to have had access to Applied Behavioral Analysis (ABA), the evidence-based care for autism. That is because we live in the same community as Western Michigan University and Western's ABA training program. Thanks to this program, students in training have offered ABA speech acquisition through a partnership with the local intermediate school district, and some ABA professionals are available for private, first party payment, which we have been fortunate enough to afford.

As a result, our son acquired speech despite substantial delays and had help for the problem behaviors that are often associated with autism. Thanks to years of such services, much of it purchased out-of-pocket and at no small price, our son is doing grade level work in a mainstream classroom. However, if we lived almost anywhere else in Michigan, he would not have had access to evidence-based care at any price. That is because most of the persons trained in ABA leave Michigan and go to states in which ABA services are covered.

We continue to hear about parity as if mental health parity would somehow address the issues of autism. While I believe that extending mental health parity would be highly desirable, the majority of Michigan residents covered through commercial insurance already are governed by federal parity legislation. Whatever else mental health parity has done and might accomplish, it has not provided access to evidenced-based care for Michigan residents on the autism spectrum. That is because there are access and treatment issues particular to autism, and that is also the reason that the majority of states that have extended mental health parity also have insurance legislation particular to autism.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas E. Lucking", with a stylized flourish at the end.

Thomas E. Lucking